Entered - 09/24/99 - sb CL99L0624 - DOBBS JORDAN

CLAIM OF: CARLTON B. CARTER
723 Smith Street
Atlanta, Georgia 30310

For damages alleged to have been sustained as a result of the loss of a trash receptacle on September 1, 1999 at 723 Smith Street.

THIS ADVERSED REPORT IS APPROVED

BY: COOLING RUBENS NEWELL DEPUTY CITY ATTORNEY

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 99L0624	Date: July 19, 2000	
Claimant / Victim CARLTON B. CARTER		
BY: (Atty.) (Ins. Co.)		
BY: (Atty.) (Ins. Co.)  Address: 723 Smith Street, Atlanta, Ge Subrogation: Claim for Property damage \$ 20.9	eorgia 30310	
Subrogation: Claim for Property damage \$ 20.	00 Bodily Injury \$	
Date of Notice: 09/20/99 Method: Writte	n, proper X Improper	
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.) X	
Date of Occurrence 09/01/99 Place:	723 Smith Street	
Department Public Works	Division: Solid Waste Services	
Employee involvedI	Disciplinary Action:	
NAME OF CLASS OF A PART OF THE STATE OF THE		
NATURE OF CLAIM: The claimant's personal trash rec		
employees of the Solid Waste Division. However, the cl	aimant has failed to return the executed release and has	
abandoned his claim.		
INVESTIGATION:		
Statements: City employee Claimant	Others Written Oral	
Pictures Diagrams Reports: Police	Dept Report Other	
Traffic citations issued: City Driver	Claimant Driver	
Citation disposition: City Driver	Claimant Driver	
BASIS OF RECOMMENDATION:		
Function: Governmental X More than Six Months	Ministerial	
Improper Notice More than Six Months	Other Damages reasonable	
City not involved Offer rejected	Compromise settlement	
Repair/replacement by Ins. Co City Negligent X	Repair/replacement by City Forces	
Claimant Negligent City Negligent X	Joint Claim Abandoned X	
Respectfully submitted,		
	Dandenton	
,	Siene lu da.	
	INVESTIGATOR - DIANNE C. MITCHELL	
	INVESTIGATOR - DIANNE C. MITCHELL	
RECOMMENDATION:		
Pay \$ Adverse X2 Acc	count charged: 1A01 2J01 2H01 2H01	
Claims Manager:	count charged: 1A012J012H01 Concur/date7 7 9 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	
Committee Action:	Council Action	

FORM 23-61

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3. Location of incide	nt: つるうちん		
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or your insur	ance company		440)
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City vehicle:	(tag	(driver's name	
(make)		name	)
(make)	(driver)		
8. Witness:	(driver's na	me)	•
(name)		(department	it)
9. The acknowledgment of Immunity of the City of an admission of liabilits employee(s).	(288		
9. The acknowled	(address)		•
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